

## Clinical Results of Percutaneous Endoscopic Discectomy in Herniated Intervertebral disc of Lumbar Spine

Yung-Khee Chung, M.D., Jung-Han Yoo, M.D., Kook-Jin Chung, M.D., Jin-Sik Wang, M.D.

*Department of Orthopedic Surgery, Kangnam Sacred Heart Hospital,  
College of Medicine, Hallym University, Seoul, Korea*

### – Abstract –

**Study Design:** A retrospective study

**Objectives:** To assess the clinical outcomes and roentgenographic changes after an percutaneous endoscopic discectomy of an intervertebral disc herniation of the lumbar spine.

**Summary of Literature Review:** Percutaneous endoscopic discectomy can preserve normal posterior element in the treatment for herniated intervertebral disc of lumbar spine.

**Materials and Methods:** Fifty two patients (41 men, 11 women), who had been treated with percutaneous endoscopic discectomy due to a herniated intervertebral disc of the lumbar spine and were followed at least 1 year, were enrolled in this study. The mean age was 26.5 years (21–45) and the mean follow-up period was 42 months (12–76). Fifteen, 28 and 9 herniated discs were extracted from L3–L4, L4–L5 and L5–S1, respectively.

**Results:** After the percutaneous endoscopic discectomy, excellent and good results were obtained in 71% (37 cases) of patients but 9% (5 cases) of patients reported poor results. A roentgenographic assessment at the final follow-up showed no instability and no degenerative spondylotic finding. However, the intervertebral disc space was decreased in only 1 case.

**Conclusion:** An percutaneous endoscopic discectomy is an effective method for treating a herniated intervertebral disc of the lumbar spine. However, prudent patient selection is very important for achieving good results.

**Key Words:** Lumbar spine, Disc herniation, Percutaneous endoscopic discectomy

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Address reprint requests to

**Kook-Jin Chung, M.D.**

Department of Orthopaedic Surgery, Kangnam Sacred Hospital, College of Medicine, Hallym University  
948-1, Dae-Rhyun 1-dong, Youngdungpo-gu, Seoul 150-950, Korea

Tel: 82-2-829-5165, Fax: 82-2-834-1728, E-mail: chungkjmd@dreamwiz.com

가 28, 5 - 1 9 . Lidocaine , C

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3-5) 1 가 MacNab (Table 1) 11).

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MRI 52 37 (71%) 5 (9%) (Table 2).

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9,10) 1 가 가 45

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26.5 (21~45), 42 (12~76)

3-4 15 , 4-5

**Table 1.** MacNab classification

Excellent	No pain: no restriction of activity.
Good	Occasional back or leg pain of sufficient severity to interfere with the patient's ability to do his or her normal work, or to enjoy leisure activity.
Fair	Improved fuctional capacity, but handicapped by intermittent pain of sufficient severity to curtail or modify work or leisure activities.
Poor	No improvement or insufficient improvement to enable increase in activities; further operative intervention required.

**Table 2.** Final result of Arthroscopic Microdiscectomy

Grade	Excellent	Good	Fair	Poor
Result	5	32	10	5

가 . 1963 Smith<sup>12,13)</sup> .

가 (collagenized nuclear fragment)

가 . Hijikata<sup>19)</sup> trephine, rasp, burr laser

ta<sup>3,6)</sup> 1975

가 . 1979 Schreiber Sueza-

wa<sup>8)</sup>가

9,11,17,20,21)

Schaffer Kambin<sup>14)</sup>

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15-17).

9).

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7,9)

75~92%

7,18) . Kambin

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Tel: 82-2-829-5165 Fax: 82-2-834-1728 E-mail: chungkjmd@dreamwiz.com